Medical and Release Form

Earthroots requires a current Medical and Release Form for each person attending any class and/or event. Send an updated form if any info changes. Please print clearly (in blue or black ink) and sign the second page in two separate places. Email completed form to: **staci@earthrootsfieldschool.org or info@earthrootsfieldschool.org**

Last Name: _____ First Name: _____
Gender (circle): Male Female Prefer not to say Prefer to self-describe_____
Date of Birth: _____/_____/_____ E-mail: _____
Street Address: _____City:_____
State: _____ Zip: _____ Phone - Cell: _____ Home: _____ Work: _____

Emergency Contact Information
Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____ Other Phone: _____
Out-of-State Contact (Name and Phone):_____

Medical Conditions (CONFIDENTIAL**)**
So that we can properly assist you, it is your responsibility to make Earthroots Field School aware of any medical conditions below and at registration. Please attach additional pages as needed.

Do you/your child:	No	Yes
• Wear contact lenses/glasses?	☐	☐
• Wear a hearing aid?	☐	☐
• Have asthma?	☐	☐
• Have any physical disabilities?	☐	☐
• Have any special needs that may affect your participation in the program? (e.g., fears, second language, ADD, etc.)	☐	☐
• Have any other condition that may endanger, alter, or somehow limit your ability to participate in the program?	☐	☐

	No	Yes
• Have an allergic reaction to:		
1. Medications?	☐	☐
2. Insect bites or stings?	☐	☐
3. Foods?	☐	☐
4. Plants?	☐	☐
5. Other?	☐	☐
• Take any medication currently?	☐	☐
• Use medication for allergic reactions?	☐	☐
• Have special dietary needs? (e.g., Vegetarian, Vegan, etc.)	☐	☐

Please explain in detail any "Yes" answer marked above: _____
_____
_____

***** Note: if you have anaphylactic allergic reactions we request that you bring EpiPen or AnaKit ****

Insurance Information *(if you do not carry health insurance, please note)*
Name of Health Insurance Carrier:_____
Group/Plan Number: _____ Phone: _____
Physician Name: _____ Phone: _____
Date of last tetanus booster: _____/_____/_____

Photo Release: By signing at the bottom of this form I hereby grant free permission for Earthroots Field School to use images of me participating in their programs or events for outreach purposes, including but not limited to electronic or print materials or media.
[ ] **No, I do not wish to grant a photo release.** *(Please consider granting this release to us if at all possible, as our ability to successfully share our programs with new participants depends on having representative photographs.)*

Medical Release: In the event that I require medical attention while participating in this program, I hereby grant permission to Earthroots Field School and its representatives to provide for the rendering of such care, including diagnostic procedures, surgical and medical treatment, by authorized medical staff or their designees, as may in their professional judgment be necessary. I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment. I acknowledge that I am responsible for all reasonable expenses in connection with care and treatment rendered during this period.

RELEASE OF LIABILITY, ASSUMPTION OF RISK, WAIVER OF CLAIMS & INDEMNIFICATION AGREEMENT

Notice – By signing this document you may be waiving certain legal rights, including the right to sue.

Release and Waiver of Claims; Assumption of the Risk; Indemnification Agreement

In consideration for the undersigned being allowed to use the Earthroots' facilities and participate in Guided Hiking/Biking Tours & Team Building Activities (Gardening) and/or other Earthroots activities (collectively the "Activities") provided by Earthroots Field School (the "Host"), the Participant, and the Participant's parent(s) or legal guardian(s) if the Participant is a minor, do hereby agree, to the fullest extent permitted by law, as follows:

1) **TO WAIVE ALL CLAIMS** that they have or may have against the Host arising out of the Participant's participation in the Activities or the use of any equipment provided by the Host ("Equipment"), including while receiving instruction and/or training;
2) **TO ASSUME ALL RISKS** of participating in the Activities and using the Equipment, even those caused by the **negligent** acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and/or officers. The Participant and his/her parent(s) or legal guardian(s) understand and accept that there are inherent risks of participating in the Activities and using the Equipment, which may be both foreseen and unforeseen, including but not limited to illness, serious physical injury and death;
3) **TO RELEASE** the Host, its owners, affiliates, operators, employees, agents, and officers from all liability for any loss, damage, injury, death, or expense that the Participant (or his/her next of kin) may suffer, arising out of his/her participation in the Activities and/or use of the Equipment, including while receiving instruction and/or training. The Participant and his/her parent(s) or legal guardian(s) specifically understand that they are releasing any and all claims that arise or may arise from any **negligent** acts or conduct of the Host, its owners, affiliates, operators, employees, agents, and/or officers, to the fullest extent permitted by law. However, nothing in this Agreement shall be construed as a release for conduct that is found to constitute gross negligence criminal conduct; and
4) **TO INDEMNIFY** the Host, its owners, affiliates, operators, employees, agents, and/or officers, from all personal liability for any loss, damage, injury, death, expense or property damage that the Participant (or his/her next of kin) may suffer, arising out of participation in the Activities and/or use of the Equipment, including while receiving instruction and/or training.

Personal Responsibility

The Participant and his/her parent(s) or legal guardian(s) represent, with the intent that Earthroots rely thereon, that Participant has no physical or mental condition that precludes him/her from participating in the Activities or using the Equipment, and that he/she is not participating against medical advice.
The Participant and his/her parent(s) or legal guardian(s) understand that Participant's participation in the Activities and use of the Equipment is voluntary, and further understand that he/she have the opportunity to inspect the Host's Equipment and facilities before any participation. The Participant and his/her parent(s) or legal guardian(s) shall indemnify and hold harmless Earthroots for any liability sustained by Earthroots or its agents as a result of the negligent, willful or intentional acts of Participant.
The Participant and his/her parent(s) or legal guardian(s) understand that Participant is obligated to follow the rules of the Activities and use of Equipment, and that he/she can minimize his/her risk of injury by following such rules, exercising common sense and by being aware of his/her surroundings at all times.
If, while participating in the Activities, the Participant or his/her parent(s) or legal guardian(s) observe any unusual hazard or condition which they believe jeopardizes Participant's personal safety or that of others, Participant and/or his/her parent(s) or legal guardian(s) have the duty to remove Participant from participation in the Activities or use of Equipment, and immediately bring such hazard or condition to the attention of the Host.

To the extent that any portion of this Agreement is deemed to be invalid under the law of the applicable jurisdiction, the remaining portions of the Agreement shall remain binding and available for use by the Host and its counsel in any proceeding.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I MAY BE WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Participant's Name (Printed)	Participant's Signature Date
Parent/Guardian's Name (Printed)	Parent/Guardian's Signature Date

Revised 7/17/2020